

216020697
99584

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

1	Total Number of Vehicles	Local No./ District 103	Agency Case No. B6-044720	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/22/2016		TIME OF ACCIDENT 0130	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0134	05/22/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 33rd/Sheridan Blvd.			ONE-WAY STREET? <input checked="" type="radio"/> YES <input type="radio"/> NO	LATITUDE
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
4	NAME OF INTERSECTING ROADWAY			FEET MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	Sheridan Blvd.					
10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input checked="" type="radio"/> YES <input type="radio"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	H13193809			STATE (Of License)	NE
V1/N	DRIVER	BRADY J BUDZINSKI			PHONE	4028751583
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	08/01/1990
6	3840 Franklin St, LINCOLN, NE 68506			OWNER	PHONE	4027701968
G	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	LB514760
4	10000 Blue Water Bay, Lincoln, NE 68527			YEAR (Plate Expires)	2016	STATE (Of Plate)
H	LICENSE PLATE	PA NO.	TJU633	VEHICLE	2010	Dodge
V1/O	VEHICLE	2010	Dodge	Grand Caravar	Medium/large	silver / chrome
4	VEHICLE ID NO. (VIN)	2D4RN4DE0AR439280			INSURANCE COMPANY	Geico Advantage Insurance Co.
V2/O	TOWED TO	Capital Towing			TOWED BY	Capital Towing
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.				STATE (Of License)	
V1/P	DRIVER				PHONE	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	
J	OWNER				PHONE	
01	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	
V1/Q	LICENSE PLATE	NO.		YEAR (Plate Expires)		STATE (Of Plate)
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K	VEHICLE ID NO. (VIN)				INSURANCE COMPANY	
05	TOWED TO				TOWED BY	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
1	BRADY J BUDZINSKI	3840 Franklin St., Lincoln, NE 68506			5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS RUN REPORT NO.	
		BryanLGH Medical Center West (Lincoln General)			Lincoln Fire & Rescue	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-044720



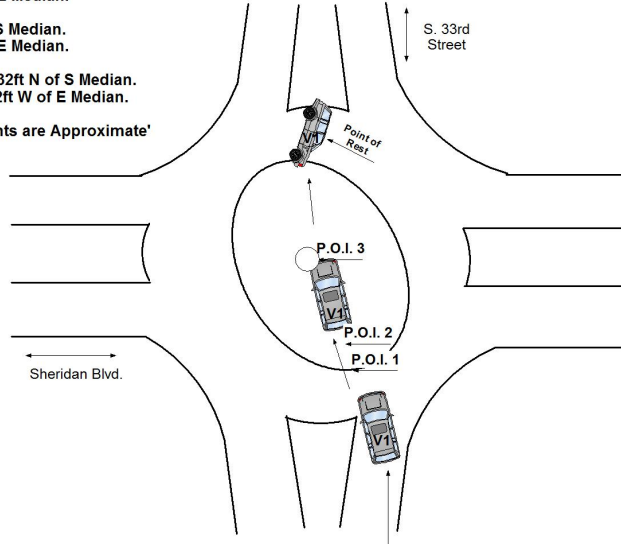
POI1: 16ft N of S Median.
44ft W of E Median.

POI2: 27ft N of S Median.
46ft W of E Median.

POI3: 74ft N of S Median.
58ft W of E Median.

Point of Rest: 132ft N of S Median.
62ft W of E Median.

'All Measurements are Approximate'



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver 1 was operating his motor vehicle Northbound on 33rd St approaching Sheridan Blvd when he traveled over the median roundabout. The vehicle struck 2 curbs and an art statue during this accident. Driver 1 was under the influence of alcohol and had a blood draw taken after being transported to Bryan West. Driver 1 claimed to have been traveling at 40MPH during the accident.

PROPERTY	OBJECT DAMAGED Art Statue	OWNER NAME City of Lincoln Risk Management	ADDRESS 555 S 10th St # 302, Lincoln, NE 68508	PHONE 402-441-7671	APPROX. COST OF DAMAGE \$ 10000
	OBJECT DAMAGED Cement Curb	OWNER NAME City of Lincoln Risk Management	ADDRESS 555 S 10th St # 302, Lincoln, NE 68508	PHONE 402-441-7671	APPROX. COST OF DAMAGE \$ 100
WITNESSES	NAME _____ ADDRESS _____ PHONE _____				NAME _____ ADDRESS _____ PHONE _____
	NAME _____ ADDRESS _____ PHONE _____				NAME _____ ADDRESS _____ PHONE _____
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1
VEH NO.	N S E W ROAD OR HIGHWAY NAME				
1	X 33rd St.			3	9
2					
1	01 06 Turning left			1 Deployed - front	1 None used - vehicle occupant
2	07 Making U-turn			2 Deployed - side	2 Lap & shoulder belt used
	08 Entering traffic lane			3 Deployed - both front/side	3 Shoulder belt only used
	09 Leaving traffic lane			4 Not deployed	4 Lap belt only used
	10 Parked			5 Not applicable/ No airbag available	5 Child safety seat used
	11 Slowing or stopped in traffic			6 Unknown	6 Child booster seat used
	12 Other				7 DOT approved helmet used
	13 Unknown				8 Costume helmet used
					9 Restraint use unknown
OFFICER NO. 1754		TROOP/ TEAM/ BEAT 11		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Zachary Kliegl		INVESTIGATOR SIGNATURE Approved by Officer Zachary Kliegl		Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				DATE OF REPORT 05/22/2016	

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District

103

Agency
Case
No.

B6-044720

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

05/22/2016

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. 33rd/Sheridan Blvd.

VEH. #	VEHICLE NO.	VEH. #					
	DRIVER LICENSE NO.	STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE				
M	DRIVER	PHONE	LOCAL NO.				
N	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)				
O	OWNER	PHONE	LOCAL NO.				
P	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING CITATION NO.				
Q	LICENSE PLATE NO.	YEAR (Plate Expires)	STATE (Of Plate)				
	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY					
	TOWED TO	TOWED BY	POLICY NO.				

VEH. #	VEHICLE NO.	VEH. #					
	DRIVER LICENSE NO.	STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE				
M	DRIVER	PHONE	LOCAL NO.				
N	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)				
O	OWNER	PHONE	LOCAL NO.				
P	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING CITATION NO.				
Q	LICENSE PLATE NO.	YEAR (Plate Expires)	STATE (Of Plate)				
	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY					
	TOWED TO	TOWED BY	POLICY NO.				

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE				RESTRAINT USE VEHICLE				TOTAL OCCUPANTS		VEH		VEH								
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE				VEHICLE				VEHICLE				VEHICLE				Driver No.		Driver No.		
									POINT OF IMPACT				POINT OF IMPACT												Y		Y		
									MOST DAMAGED AREA				MOST DAMAGED AREA												N		N		
01 Essentially straight ahead					06 Turning left					00 None				02				03				04							
02 Backing					07 Making U-turn					09 Top & windows				01				05											
03 Changing lanes					08 Entering traffic lane					10 Undercarriage				08				07				06							
04 Overtaking/Passing					09 Leaving traffic lane					11 Total (all areas)																			
05 Turning right					10 Parked					12 Other																			
					11 Slowing or stopped in traffic																								
					12 Other																								
					13 Unknown																								

Complete this section for all injured persons						DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX
VEH. #	NAME	ADDRESS				SEAT POSITION	EJECT	Body Region	Injury Sev.	Trans.	M	F	
	LOCAL NO.	MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.			
VEH. #	NAME	ADDRESS				SEAT POSITION	EJECT	Body Region	Injury Sev.	Trans.	M	F	
	LOCAL NO.	MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.			
VEH. #	NAME	ADDRESS				SEAT POSITION	EJECT	Body Region	Injury Sev.	Trans.	M	F	
	LOCAL NO.	MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.			

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B6-044720

PROPERTY	OBJECT DAMAGED Cement Curb	OWNER NAME City of Lincoln Risk Management	ADDRESS 555 S 10th St # 302, Lincoln, NE 68508	PHONE 402-441-7671	APPROX. COST OF DAMAGE \$ 100
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1754		TROOP/ TEAM/ BEAT 11		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Zachary Kliegl			INVESTIGATOR SIGNATURE Approved by Officer Zachary Kliegl		DATE OF REPORT 05/22/2016